



King County

Family and Medical Leave Act (FMLA) ♦ King County Family and Medical Leave (KCFML)

Leave Request

- This form must be completed and submitted to the leave-granting authority 30 calendar days before leave begins if the leave is foreseeable or as soon as possible if the leave is unforeseeable.
- If request is for a serious health condition or to provide required assistance to a family member, employee must attach **Medical Certification Form** or submit it within 15 calendar days to the leave-granting authority.
- See the back of this form for additional information about rights and responsibilities under FMLA/KCFML.
- If you're the leave-granting authority completing this form on behalf of the employee, complete as much information as possible, then send this form to the employee to complete, sign and return to you.

Employee _____ Contact Phone (_____) _____

Soc Sec No _____ KC/Pay ID No _____ Mail Stop _____

Mailing Address _____

Work Group _____ Union _____ Paid: ☐ 5th & 20th ☐ Every Other Thursday

☐ Full-Time ☐ Part-Time Currently Scheduled Work Hours: Per Week _____ Per Pay Period _____

Describe your regular work schedule _____

Leave Request

☐ Continuous Leave ☐ Reduced Work Schedule ☐ Intermittent Work Schedule

Leave Start Date (first workday unable to work regular work schedule) _____

Leave End Date (last workday unable to work regular work schedule) _____

If your request is for a reduced work schedule or intermittent work schedule, describe the proposed work schedule:

If your leave request is the result of Workers' Compensation injury/illness, you must contact your Workers' Compensation case manager, notify your supervisor so he/she can complete a Supervisor's Incident Report, see your doctor, file a Workers' Compensation claim and check one:

- ☐ Not applicable
☐ I will go directly to unpaid leave status (I won't supplement my Workers' Compensation state industrial payment)
☐ I will go on paid leave (I'll supplement my Workers' Compensation state industrial payment)
☐ I am a Local 587 employee (I'll go on the supplemental payment program)

Leave Purpose

- ☐ For own serious health condition
☐ To care for newborn child or newly placed adoptive or foster child (FMLA leave/KCFML begins after the period of disability due to childbirth, if applicable)
☐ To care for: ☐ Spouse ☐ Child ☐ Parent ☐ Spouse's Parent
☐ Domestic Partner (DP) ☐ DP's Child ☐ DP's Parent
 (Leave to care for DP, DP's child or DP's parent doesn't qualify under FMLA, but does under KCFML)

If leave request to care for family member, family member name _____
 and assistance employee to provide: ☐ Medical ☐ Personal ☐ Transportation ☐ Safety ☐ Psychological Comfort

I understand these leave days may be deducted from my FMLA/KCFML entitlement. I have attached or will submit within 15 calendar days a separate Medical Certification Form from a physician or licensed practitioner if my request is for a serious health condition or to provide required assistance to a family member. I release King County to verify the authenticity of the Medical Certification Form I provide. I will notify my supervisor if and when there are changes to the circumstances of my leave. I understand that my supervisor may contact me during my leave period to verify my status and to obtain updates as to my estimated date of return.

Signature _____

Date Signed _____

Medical Certification Form ☐ Attached ☐ Not Attached

Date Request Submitted _____

Rights and Responsibilities Under FMLA/KCFML

Eligibility

- If you've worked for King County for at least a year (does not necessarily have to be 12 consecutive months) and work 1,040 hours (40-hour week employees), 910 hours (35-hour work week employees) or 510 hours (part-time or on-call Local 587 employees) during the 12 months immediately preceding your leave request, you're eligible to take job-protected leave for certain family and medical reasons. Hours must be hours actually worked -- vacation and sick leave do not count.
- Under FMLA you're eligible for up to 12 weeks of leave. However, if you've taken FMLA/KCFML during the 12 months immediately preceding your latest request, your 12-week maximum is reduced by that amount.
- Under KCFML, you're eligible for up to 18 weeks of leave. However, if you've taken FMLA/KCFML during the 12 months immediately preceding your latest request, your 18-week maximum is reduced by that amount.

Continuation of Health Benefits

- Under FMLA or KCFML county-paid medical, dental and vision benefits continue, and -- if you go on unpaid leave status -- you may pay to continue your life, accidental death and dismemberment, and long term disability insurance. Benefits Operations contacts you regarding continuation of benefits when it receives its copy of this form.
- If FMLA leave or KCFML ends and you remain on leave, you may pay to continue all benefits. Medical, dental and vision benefits fall under provisions of COBRA.

Reasons for Taking Leave

- Under FMLA you may take leave for a serious health condition that makes you unable to perform your job; to care for your child after birth, or placement for adoption or foster care; to care for your spouse with a serious health condition; or to care for your or your spouse's son, daughter or parent with a serious health condition.
- Under KCFML you may take leave for the same reasons as under FMLA, and also to care for a domestic partner (DP) with a serious health condition; or to care for your DP's son, daughter, or parent with a serious health condition.
- A serious health condition is an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility; or continuing treatment by a health care provider.
- FMLA leave and KCFML may be taken on a reduced or intermittent work schedule if approved by your supervisor.

Advance Notice and Medical Certification

- For FMLA or KCFML you must submit your leave request 30 calendar days before your leave begins if the leave is foreseeable or as soon as possible if the leave is unforeseeable.
- You must provide medical certification to support a leave request because of a serious health condition.
- King County may require second or third opinions (at county expense) and a fitness for duty report to return to work.

Sick and Vacation Leave

- Under FMLA and KCFML you must use all your sick leave for your own serious health condition (unless the condition is due to an on-the-job injury). After sick leave is exhausted, you may use vacation and other paid leave if approved.
- To care for a family member, you may use sick leave or, if approved, vacation leave. If you use sick leave, you do not have to use it all -- you may reserve up to 80 hours for your own future use.
- You must use all your own sick or vacation leave before using any donated sick or vacation leave.

When Leave Begins

- FMLA leave begins the first day you are off the job.
- KCFML begins the first day you are no longer being paid from your own sick, vacation or other paid leave accruals. (For an on-the-job injury, you may opt to go to unpaid leave status and begin KCFML immediately.)

Job Protection

- Upon return from FMLA leave or KCFML, you are restored to your original or equivalent position with equivalent pay, benefits, seniority and other employment terms. You do not lose any employment benefits that accrued prior to the start of your leave, and no adverse personnel actions may be taken against you for taking FMLA leave or KCFML.
- Your job is not protected if you do not return to work by the expiration date of your leave. Failure to return by the expiration date may be cause for removal and result in termination of your employment.

Unlawful Acts and Enforcement

- King County may not interfere with, restrain or deny the exercise of any right provided under FMLA, nor may it discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.
- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations, and an FMLA eligible employee may bring a civil action against King County for violations.
- FMLA does not affect any federal or state law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For more details, contact your supervisor or personnel representative. Additional FMLA information is available from the U.S. Department of Labor, Wage and Hour Division.